

**Dane County SSI MC  
Quality Assurance Workgroup  
Minutes 9/14/04**

**Present:** Joyce Allen, DDES, Co-Chair  
Dr. Michelle Urban, DHCF, Co-Chair  
Ginny Graves, The Management Group Inc. (TMG)  
Kirstin Dolwick, MetaStar, Inc.  
Melissa Thielman, Community Living Alliance (CLA)  
Bill Greer, Mental Health Center of Dane Co. (MHCDC)  
Gary Iminen, DHCF  
Peg Algar, DHCF

**Excused:** Steven Landkamer, DDES  
Dr. Ron Diamond, MHCDC  
Peggy Michaelis, MHCDC  
Mary Olen, TMG  
David LeCount, Dane County  
Todd Costello, CLA  
Lesly Oxley, TMG  
Sara Roberts, CLA  
Cheryl Keating, CLA

- Future meetings have been rescheduled at the Glass Bank Bldg:

US Bank Plaza (Where TMG Office is)  
Suite 320  
One South Pinckney Street

10/27/04	1:00-4:00
11/19/04	1:00-4:00
12/15/04	1:00-4:00

- Steve Landkamer was unable to attend this meeting and will be rescheduled to present on the Partnership Encounter Data Requirements at the October meeting (10/27/04).

**I. Introductions and Overview of Workgroup Mission/Goals**

**A. Mission**

The mission of this workgroup is to make recommendations to the larger advisory committee regarding:

- Defining the priority health and mental health outcomes that will be monitored by this managed care initiative.
- Linking outcome variables to the goals of the program.
- Developing a process by which outcome data is utilized for quality improvement.
- Methods to measure and collect outcome variables.
- Encounter Data Requirements.
- Federal Medicaid Managed Care External Quality Review Organization (EQRO) Protocols including:
  - a) Administrative Review
  - b) Data Validity Audit
  - c) Performance Improvement Projects
- Other Federal Mental Health/Substance Abuse Reporting Requirements
- Involving consumers in quality assurance planning, including consumer satisfaction
- Assessing access to needed services
- Recommendations regarding quality assurance and quality standards in the contract.
- Expected Workgroup Products:
  - Clinical physical and mental health status measures.
  - Consumer satisfaction measures.
  - Recommendations for managed care organization's performance improvement projects.
  - Quality Requirements for the contract.
- Workplan:

The group will meet monthly from September through December 2004, with the final product being a report containing quality assurance measures, methodology, and recommendations for implementation. The target date for implementation of the Dane County SSI Managed Care Initiative is April 2005.

## **B. Introductions:**

- Bill Greer (MHCDC) stated that the goals he has for his involvement with the group include:
  - ✓ Assuring cultural competence is addressed in QA.
  - ✓ Assuring recovery principles imbue the QA plan/measures
  - ✓ Assuring a holistic approach to the individual's health is measured.
- Ginny Graves (TMG) stated that the goals of her group's involvement with the project include:
  - ✓ Providing technical assistance to the 3 partners (CLA, Dane Co. and MHCDC)
  - ✓ Assuring inclusion of mental health measures and community based services.
  - ✓ Assisting in the assessment of the organizational infrastructure and data capacity of the partners to accommodate QA goals.
  - ✓ Have started putting together a crosswalk template for comparison of the SSI Expansion Initiatives to other programs such as PACE Partnership and Family Care.
  - ✓ Reminding group that any data that is collected should be used in some way.
- Melissa stated that CLA's goals include:
  - ✓ Provide a quality service.
  - ✓ Work on expanding capacity to serve people and to produce data.
  - ✓ Keep staff informed of structural changes that will occur with the new program.
  - ✓ Make sure quality values are consistent across programs.
- Joyce and Dr. Urban reviewed the goals for quality oversight of the Dane Co. Initiative Including:
  - ✓ Selecting QA measures that reflect the goals of the program.

- ✓ Review existing data collection and quality assurance measures used in other relevant programs.
- ✓ Develop key quality indicators that can be applied to special populations.
- ✓ Incorporate measures that evaluate access for special populations to medically necessary care, evidence-based practices, and other priority services.
- ✓ Evaluate and provide input on Predictive Modeling.
- ✓ Provide recommendations to develop uniform core data requirements where possible across SSI Implementation sites.
- ✓ Departmental analysis of pertinent issues between meetings.
- ✓ Communicate with other SSI Managed Care workgroups to coordinate work products where appropriate and to avoid duplication of effort.

## **II. MetaStar Presentation on the Federal External Quality Review--Kirstin Dolwick**

- EQRO protocols from the federal government are flexible but need to include requirements.
- Kirstin handed out an Overview of the Performance Measure Validation Process (also referred to as a Data Validity Audit). Activities to complete validation of performance measures include:
  - ✓ Communicating with DHFS to ensure understanding and agreement of measures to be validated and the methodology the state requires the MCO to follow when reporting those measures;
  - ✓ Reviewing any results of prior assessments of the MCOs' underlying information systems that were conducted, if available;
  - ✓ Validating the reporting of performance measures through procedures that are developed by DHFS, the EQRO, and the MCO;
  - ✓ Analyzing data and information obtained through the above activities;
  - ✓ Submission of a validation report and supporting documentation to the MCOs and to DHFS following the format and timeframes established by DHFS.
  - ✓ The website for EQRO Protocols is:  
<http://www.cms.hhs.gov/medicaid/managedcare/mceqrhmp.asp?>

- The Performance Measure Validation Process is one of a three protocols required to be done by an EQRO for Medicaid programs.
- The second protocol used is the Performance Improvement Projects (PIP). Two PIPs from the programs are due annually. MetaStar usually meets with MCO's to provide technical assistance on these projects.
  - ✓ The "Best Clinical and Administrative Practices (BCAP)" is a national project sponsored by the Center for Health Care Strategies, Inc. and is currently optional for the Partnership programs. The BCAP typology can be utilized for the Performance Improvement Projects.
- The third protocol used is the Monitoring Medicaid MCOs and PIHPs (also) referred to as an Annual Quality Site Review).
- See handouts from presentation for more details. Peg has copies.

### **Questions:**

1. **Is the Data Validity Audit annual and how much time does staff have to spend with Metastar?** Yes, the DVA is required annually. Some pre-onsite info. is collected via phone and MetaStar spends some time at the site gathering data.
2. **Is there room for flexibility and collaboration in the audit process?** In Family Care, for example, quarterly workgroup meetings and conference calls are held to involve the program in every phase of the review. MetaStar provides details of the process and examples from other special managed care programs to use as a guide.

### **III. Independent Care (iCare) SSI MC Quality Assessment and Performance Improvement (QAPI) contract provisions--Gary Ilminen**

➤ Gary Ilminen reviewed the Quality subsection of the current iCare contract.

#### **• MCO Quality Improvement Program Requirements**

1. The MCO must have a written internal quality assessment/performance improvement program, which:
  - ✓ Must provide peer review of delivery of health services.
  - ✓ Must provide for systematic performance data collection.
  - ✓ Must provide for review of data and action to correct problems.
  - ✓ Must provide adequate resources and staff to fully support the QAPI program.
2. Includes a QAPI committee that includes practitioners and which seeks and uses enrollee input; committee is accountable to the MCO's governing body.
3. Uses a written QAPI work plan that is updated annually.

4. MCO must monitor and evaluate its performance on an on-going basis and have mechanisms to correct problems when they are identified.
5. Annual report on clinical results of QAPI program using state-specified, standardized performance measures. Enrollee satisfaction survey is required.
6. An MCO senior executive must oversee and be responsible for QAPI program.
7. MCO governing body is accountable for results of the QAPI program.
8. MCO must develop or adopt appropriate clinical practice guidelines.
9. For further requirements see handout. Peg has copies.
10. For current quality reports, go to:  
<http://www.dhfs.state.wi.us/medicaid7/providers/index.htm>

**Questions:**

1. **Can members have a copy of the MEDDIC measures?** Peg will forward an electronic copy with the minutes.
2. **How are enrollees treated who have filed a grievance?** Enrollees have an advocate that helps them file grievances. The contract requires that enrollees who have filed grievances are not treated any different than other enrollees, they have the same benefit coverage as before.

**IV. State Mental Health Data Reporting--Joyce Allen**

- The federal government requires all states to report on all public mental health services regardless of funding stream.
- DDES prepares data analyses on MH populations across the state for the MH Block Grant report on an annual basis.
- Presently, DDES is working with Medicaid and EDS to create a data warehouse to include HSRS data and a MEDS universe with Medicaid data. This will allow DDES to have access to Medicaid data to complement the data sources they are already using.
- DDES also employs the federal MHSIP measures. (Peg will bring copies of the MHSIP instrument and other handouts to the next meeting.)

- HSRS has MH and AODA modules that collect information on consumers receiving services in the counties. Some of the information is supplied voluntarily from the counties.
- The Bureau of Mental Health and Substance Abuse Services also has an evaluator (Mike Quirk) who has developed evaluation tools for the AODA programs administered through the bureau.
- The Mental Health Redesign Initiative has yielded a number of outcome measurement tools. In particular, the ROSA instrument is a good measurement tools for quality of life indicators.
- The PACE /Partnership program has a quality plan that links measures to the goals of the program.
- The Family Care indicators additionally focus on physical disability measures.
- Thus, DDES has many outcome indicators being used for various programs that may be pertinent to the Dane SSI MC Initiative.
- Additionally, BMHSAS has applied for a Mental Health Systems Transformation Grant of \$100,000 per year. They should be hearing about awards in the beginning of October. Some of this money could be used to finish the crosswalk template TMG started and to work on products for our workgroup.

## **V. Next Steps**

- During the October meeting, we will discuss measures for evaluation programs for special populations. We will discuss process and objective outcomes and quality of life indicators for the physically disabled, mental health/substance abuse and dual diagnosis populations. We will also cover a systems overview of the "early warning"/rapid management program as well as predictive modeling.
- Before the next meeting Peg will develop an analysis/summary of some of the existing measures that were discussed at today's meeting. We can use this as a springboard for discussion on what measures to utilize for the Dane SSI MC Program.
- Three handouts to be read before the next meeting were provided (ask Peg for copies):
  - ✓ Contracting for Managed Substance Abuse and Mental Health Services: A guide for Public Purchasers (Chapter 22)
  - ✓ Working paper on Monitoring Medicaid Managed Care via an Early Warning Program (by Howard Dichter, MD)

- ✓ Oklahoma Department of Mental Health and Substance Abuse Services Regional Performance Management Report (2<sup>nd</sup> quarter, FY 2004).